

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v10

**Title of
Invention****PATIENT NOTIFICATION OF MEDICAL DEVICE TELEMETRY SESSION**

Application Number : 10/724584



Date : 2004-09-30

First Named Applicant: Gregory J. Haubrich

Attorney Docket Number: P11280.00

TOTAL FEE AUTHORIZED \$ 180

Patent fees are subject to annual revisions on or about October 1st of each year.

Fee Description	Fee Code	Amount \$	Fee Paid \$
Submission Of Information Disclosure Stmt Fee	1806	180	180

AUTHORIZED BILLING INFORMATION**The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

Deposit account number: 132546

Access Code ****

Deposit name: Medtronic, Inc.

Deposit authorized name: Daniel G. Chapik

Signature: /Daniel G. Chapik/

Date (YYYYMMDD): 2004-09-30

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.